



Bureau of State Office Buildings
State House, Room 72
Boston, MA 02133
(617) 727-1100

Incident # _____
Page _____ of _____

INCIDENT REPORT

The Bureau of State Office Buildings strives to provide a safe and secure workplace for customers in order to ensure that all who enter the Bureau's facilities have a pleasant business environment and can transit common areas without incident. This report form is designed to provide the Bureau with specific information related to an incident so that it may be resolved and its recurrence may be prevented.

Involved Party _____ Date _____ Time _____
Agency _____ Building/Street _____
Telephone _____ Floor/Room _____

Please Circle Categories Related to Incident

Safety Hazard	Fire Hazard	Security Concern
Building Access	Fire	
Theft	Vandalism	Other

Briefly describe incident/problem (use additional page if necessary): _____

Injury? _____ Description: _____

Reported by: _____ Agency: _____ Telephone: _____

Signature: _____ Date: _____

Please return completed form immediately to Director of Security, State House, Room 72.

BSB USE ONLY

Date Received: _____ Referred to: _____

Corrective Action (use additional page if necessary): _____

Completed by: _____ Signature: _____ Date: _____

Original: Director of Security Canary: Concerned Party Pink: State Police Yellow: Superintendent

